
1 Who Must Pay Estimated Tax

Every individual, partnership, association, trust or fiduciary required to file an Interest and Dividends Tax Return must also make Estimated Interest & Dividends Tax payments for its subsequent taxable period, unless the annual estimated tax for the subsequent taxable period is less than \$200. However, quarterly payments are required to be made whenever your **annual** estimated tax for the subsequent taxable period exceeds \$200 (See paragraph 6 for exceptions).

2 Where to Mail Payments

Mail estimated tax payments to:

NH DEPT OF REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 2035
CONCORD NH 03302-2035

3 When to Make Payments

CALENDAR YEAR FILERS:

1st quarterly payment due April 16, 2002
2nd quarterly payment due June 17, 2002
3rd quarterly payment due September 16, 2002
4th quarterly payment is due January 15, 2003.

FISCAL YEAR FILERS:

A quarterly payment is due on the 15th day of the 4th, 6th, 9th and 12th month following the close of your fiscal year.

4 Payment of Estimated Tax

Estimated tax may be paid in full with the initial declaration or in equal installments on the due dates.

CHECKS ARE TO BE MADE PAYABLE TO:
STATE OF NEW HAMPSHIRE.

5 Underpayment Penalty

A penalty may be imposed by law (RSA 21-J:32) for an underpayment of estimated taxes if the payments are less than 90% of that period's tax liability. If estimate payments are not made on time, even if 90% of the tax is eventually paid, an underpayment penalty may be applied. If an estimated payment is missed, send the payment as soon as possible to reduce any penalty.

This penalty will not be imposed if any of the statutory exceptions apply per quarter.

6 Exceptions to the Underpayment Penalty

The penalty shall not apply if you meet one of the exceptions provided in the law (RSA 21-J:32). Please use form DP 2210/2220 to see if you meet one of the exceptions or to compute the amount of the penalty.

To obtain this form call the forms line at (603)271-2192 or from our web site at www.state.nh.us/revenue.

7 Specific Questions

SPECIFIC QUESTIONS not covered herein should be referred to the Taxpayer Assistance Office, PO Box 2072, Concord, NH 03302-2072. Telephone (603) 271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

ESTIMATED INTEREST AND DIVIDENDS TAX
QUARTERLY PAYMENT FORMS

2002 TAXPAYER'S WORKSHEET – KEEP FOR YOUR RECORDS

- 1 All interest and dividend income taxable by the State..... 1 _____
- 2 Less Exemption – check the exemptions that apply:
- 2(a) ☐ Yourself ☐ Spouse ☐ Partnership ☐ Fiduciary Total number of boxes checked _____ x \$2400 =2(a) _____
- 2(b) ☐ 65 (or over) or disabled ☐ Blind Total number of boxes checked _____ x \$1200 =2(b) _____
- ☐ Spouse 65 (or over) or disabled ☐ Spouse Blind
- 2 (c) Total exemptions [Line 2(a) plus 2(b)]..... 2(c) _____
- 3 New Hampshire Taxable Income [Line 1 less Line 2(c)]..... 3 _____
- 4 New Hampshire Interest & Dividends Tax (Line 3 multiplied by 5%)..... 4 _____
- 5 2001 OVERPAYMENT applied to 2002 taxes..... 5 _____
(If the overpayment exceeds the first 1/4 installment, the overage will be applied to the next installment and so on)
- 6 BALANCE OF ESTIMATED INTEREST & DIVIDENDS TAX (Line 4 less Line 5).. 6 _____

If Line 4 is less than \$200 see instructions paragraph No. 1.

COMPUTATION and RECORD of PAYMENTS

Date Paid	Amount of each Installment (1/4 of Line 4 of worksheet)	2001 Overpayment Applied to Installment	Balance Due	CALENDAR YEAR DUE DATES
1.	\$	\$	\$	April 16, 2002
2.	\$	\$	\$	June 17, 2002
3.	\$	\$	\$	Sept. 16, 2002
4.	\$	\$	\$	Jan. 15, 2003

IMPORTANT:

PLEASE PUT THE NAMES AND SOCIAL SECURITY NUMBERS ON THE ESTIMATE FORM IN THE SAME SEQUENCE AS THOSE TO BE USED ON THE RETURN.

THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET.

(Cut along this Line)

FORM

DP-10-ES

042

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ESTIMATED INTEREST AND DIVIDENDS TAX - 2002

For CALENDAR YEAR **2002** or other taxable period beginning _____ ending _____
Mo Day Year Mo Day Year

CHECK ONE: ☐ ① INDIVIDUAL/JOINT ☐ ③ PARTNERSHIP ☐ ④ FIDUCIARY
PLEASE PRINT OR TYPE

FOR DRA USE ONLY

Payment Form 1
Calendar Year — Due
April 16, 2002

FOR DRA USE ONLY

LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
NAME OF PARTNERSHIP OR FIDUCIARY		FEDERAL EMPLOYER IDENTIFICATION NUMBER (PARTNERSHIP OR FIDUCIARY)
NUMBER & STREET ADDRESS		
ADDRESS (Continued)		
CITY/TOWN, STATE & ZIP CODE		
<input type="checkbox"/> CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN. MAIL NH DEPT OF REVENUE ADMINISTRATION TO: DOCUMENT PROCESSING DIVISION PO BOX 2035 CONCORD NH 03302-2035		Amount of This Payment \$ <input type="text"/>

Make check payable to: **STATE OF NEW HAMPSHIRE**
Enclose, but do not staple or tape, your payment with this estimate. Do not file a \$0 estimate.

FORM

DP-10-ES

042

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ESTIMATED INTEREST AND DIVIDENDS TAX - 2002For CALENDAR YEAR **2002** or other taxable period beginning _____ ending _____
Mo Day Year Mo Day YearCHECK ONE: ☐ ① INDIVIDUAL/JOINT ☒ ③ PARTNERSHIP ☐ ④ FIDUCIARY

PLEASE PRINT OR TYPE

FOR DRA USE ONLY

Payment Form 2
Calendar Year — Due
June 17, 2002

LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
NAME OF PARTNERSHIP OR FIDUCIARY		FEDERAL EMPLOYER IDENTIFICATION NUMBER (PARTNERSHIP OR FIDUCIARY)
NUMBER & STREET ADDRESS		Amount of This Payment \$ <input type="text"/>
ADDRESS (Continued)		
CITY/TOWN, STATE & ZIP CODE		
<input type="checkbox"/> CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN. MAIL NH DEPT OF REVENUE ADMINISTRATION TO: DOCUMENT PROCESSING DIVISION PO BOX 2035 CONCORD NH 03302-2035		
(Cut along this line)		

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 with this estimate. Do not file a \$0 estimate.

DP-10-ES
Rev. 12/01

FORM

DP-10-ES

042

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ESTIMATED INTEREST AND DIVIDENDS TAX - 2002For CALENDAR YEAR **2002** or other taxable period beginning _____ ending _____
Mo Day Year Mo Day YearCHECK ONE: ☐ ① INDIVIDUAL/JOINT ☒ ③ PARTNERSHIP ☐ ④ FIDUCIARY

PLEASE PRINT OR TYPE

FOR DRA USE ONLY

Payment Form 3
Calendar Year — Due
September 16, 2002

LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
NAME OF PARTNERSHIP OR FIDUCIARY		FEDERAL EMPLOYER IDENTIFICATION NUMBER (PARTNERSHIP OR FIDUCIARY)
NUMBER & STREET ADDRESS		Amount of This Payment \$ <input type="text"/>
ADDRESS (Continued)		
CITY/TOWN, STATE & ZIP CODE		
<input type="checkbox"/> CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN. MAIL NH DEPT OF REVENUE ADMINISTRATION TO: DOCUMENT PROCESSING DIVISION PO BOX 2035 CONCORD NH 03302-2035		
(Cut along this line)		

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 with this estimate. Do not file a \$0 estimate.

DP-10-ES
Rev. 12/01

FORM

DP-10-ES

042

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ESTIMATED INTEREST AND DIVIDENDS TAX - 2002For CALENDAR YEAR **2002** or other taxable period beginning _____ ending _____
Mo Day Year Mo Day YearCHECK ONE: ☐ ① INDIVIDUAL/JOINT ☒ ③ PARTNERSHIP ☐ ④ FIDUCIARY

PLEASE PRINT OR TYPE

FOR DRA USE ONLY

Payment Form 4
Calendar Year — Due
January 15, 2003

LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
NAME OF PARTNERSHIP OR FIDUCIARY		FEDERAL EMPLOYER IDENTIFICATION NUMBER (PARTNERSHIP OR FIDUCIARY)
NUMBER & STREET ADDRESS		Amount of This Payment \$ <input type="text"/>
ADDRESS (Continued)		
CITY/TOWN, STATE & ZIP CODE		
<input type="checkbox"/> CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN. MAIL NH DEPT OF REVENUE ADMINISTRATION TO: DOCUMENT PROCESSING DIVISION PO BOX 2035 CONCORD NH 03302-2035		
(Cut along this line)		

Make check payable to: **STATE OF NEW HAMPSHIRE**
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 with this estimate. Do not file a \$0 estimate.

DP-10-ES
Rev. 12/01